



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Agaran-Coloma, Gilbert S.			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church Street, Suite 409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku, HI 96793-1608			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Takitani & Agaran Law Corporations			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church Street, Suite 409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku, HI 96793-1608			

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE (808) 877-4202	
Kauaule Land Company LLC		
MAILING ADDRESS (Street)	FAX (808) 877-9409	
33 Lono Ave., Suite 450		
(City)	(State)	(Zip Code)
Kahului, HI 96732		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE (808) 871-8822	
Mark Black, CPA Black & Castro CPAs, LLP		
MAILING ADDRESS (Street)	FAX (808) 871-9127	
135 S. Wakea Ave. #202		
(City)	(State)	(Zip Code)
Kahului, HI 96732		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

4/15/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Peter K. Martin, Managing Member

NAME OF ORGANIZATION (if applicable)

Kauaula Land Company LLC

TELEPHONE

(808) 877-4202

MAILING ADDRESS (Street)

33 Lono Ave., Suite 450

FAX

(808) 877-9409

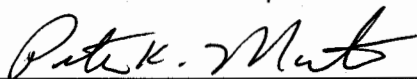
(City)

(State)

(Zip Code)

Kahului, HI 96732

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

(Date)